

Manuscript Title: A Public Health Perspective on 21st Century Risk Assessment

Authors: Maureen R Gwinn, Daniel Axelrad, Tina Bahadori, David Bussard, Wayne Cascio, Kacee Deener, David Dix, Russell S. Thomas, Robert J Kavlock, Thomas A Burke

Affiliation: US Environmental Protection Agency

Corresponding Author:

Maureen R. Gwinn, PhD DABT ATS
Office of Research and Development
US Environmental Protection Agency
1300 Pennsylvania Ave NW
Ronald Reagan Building
Room 41205
MC 8101R
Washington, DC 20460
Office: (202)564-4621
Fax: (202)565-2430
[[HYPERLINK "mailto:gwinn.maureen@epa.gov"](mailto:gwinn.maureen@epa.gov)]

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1 Abstract

2 Preventing adverse health impacts from exposures to environmental chemicals is fundamental
 3 to protecting individual and public health. When done efficiently and properly, chemical risk
 4 assessment enables risk management actions that minimize the incidence and impacts of
 5 environmentally-induced diseases related to chemical exposure. However, traditional chemical
 6 risk assessment is faced with multiple challenges with respect to predicting and preventing
 7 disease in human populations, and epidemiological studies increasingly report observations of
 8 adverse health effects at exposure levels predicted from animal studies to be safe for humans.
 9 This discordance reinforces concerns about the adequacy of contemporary risk assessment
 10 practices [ADDIN EN.CITE
 11 <EndNote><Cite><Author>Birnbaum</Author><Year>2016</Year><RecNum>14</RecNum><Di
 12 splayText>(Birnbaum, Burke, & Jones, 2016)</DisplayText><record><rec-number>14</rec-
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 15 type><contributors><authors><author>Linda S. Birnbaum</author><author>Thomas A.
 16 Burke</author><author>James J.
 17 Jones</author></authors></contributors><titles><title>Informing 21st-Century Risk
 18 Assessments with 21st-Century Science</title><secondary-title>Environmental Health
 19 Perspectives</secondary-title></titles><periodical><full-title>Environmental Health
 20 Perspectives</full-title></periodical><pages>A60-
 21 A63</pages><volume>124</volume><number>4</number><dates><year>2016</year></dates
 22 ><urls></urls></record></Cite></EndNote>] for protecting public health. It is becoming clear
 23 that to protect public health more effectively, future risk assessments will need to use the full
 24 range of available data, draw on innovative methods to integrate diverse data streams, and
 25 consider health endpoints that also reflect the range of subtle effects and morbidities observed
 26 in human populations. Given these factors, there is a need to reframe chemical risk assessment
 27 to be more clearly aligned with the public health goal of minimizing environmental exposures
 28 associated with disease.

29 Overview

For the past several decades, human health risk assessment has been a pillar of environmental health protection. In general, the products of risk assessment have been numerical risk values derived from animal toxicology studies of observable effects at high doses of individual chemicals. While this approach has contributed to our understanding of overt health outcomes from chemical exposures, it does not always match our understanding from epidemiology studies of the consequences of real world exposures in human populations, which are characterized by exposure to multiple pollutants, often chronically, at concentrations that can fluctuate over wide ranges; susceptible populations and lifestages; potential interactions between chemicals and nonchemical stressors and background disease states; and lifestyle factors that modify exposures (e.g., air tight houses).

Ten years ago, the National Research Council (NRC) offered a new paradigm for evaluating the safety of chemicals based on chemical characterization, testing using a toxicity pathway approach, and modeling and extrapolating the dose-response relationship from *in vitro* testing, all embedded in a risk context and considering population-based data and exposure [ADDIN

EN.CITE <EndNote><Cite><Author>National Research Council</Author><Year>2007</Year><RecNum>10</RecNum><DisplayText>(National Research Council, 2007)</DisplayText><record><rec-number>10</rec-number><foreign-keys><key app="EN" db-id="xdrxape2fvv5fkefa9avdd58pttw9a9se9zs" timestamp="1468525960">10</key></foreign-keys><ref-type name="Report">27</ref-type><contributors><authors><author>National Research Council,</author></authors><tertiary-authors><author>The National Academies Press,</author></tertiary-authors></contributors><titles><title>Toxicity Testing in the 21st Century: A Vision and a Strategy</title></titles><dates><year>2007</year></dates><pub-location>Washington, D.C.</pub-location><urls></urls></record></Cite></EndNote>]. Efforts

such as the Tox21 consortium [ADDIN EN.CITE <EndNote><Cite><Author>Kavlock</Author><Year>2009</Year><RecNum>11</RecNum><DisplayText>(R. J. Kavlock, Austin, & Tice, 2009; Tice, Austin, Kavlock, & Bucher, 2013)</DisplayText><record><rec-number>11</rec-number><foreign-keys><key app="EN" db-id="xdrxape2fvv5fkefa9avdd58pttw9a9se9zs" timestamp="1468526016">11</key></foreign-

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 60 J. Kavlock</author><author>Christopher P. Austin</author><author>Raymond
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 62 Implications for Human Health Risk Assessment</title><secondary-title>Risk Anal</secondary-
 63 title></titles><periodical><full-title>Risk Anal</full-title></periodical><pages>485-
 64 497</pages><volume>29</volume><number>4</number><dates><year>2009</year></dates>
 65 <urls></urls></record></Cite><Cite><Author>Tice</Author><Year>2013</Year><RecNum>5</
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 70 Austin</author><author>Robert J. Kavlock</author><author>John R.
 71 Bucher</author></authors></contributors><titles><title>Improving the Human Hazard
 72 Characterization of Chemicals: A Tox21 Update</title><secondary-title>Environmental Health
 73 Perspectives</secondary-title></titles><periodical><full-title>Environmental Health
 74 Perspectives</full-title></periodical><pages>756-
 75 765</pages><volume>121</volume><number>7</number><dates><year>2013</year></dates
 76 ><urls></urls></record></Cite></EndNote>] and ToxCast program [ADDIN EN.CITE
 77 <EndNote><Cite><Author>Kavlock</Author><Year>2012</Year><RecNum>19</RecNum><Disp
 78 layText>(R. Kavlock et al., 2012)</DisplayText><record><rec-number>19</rec-
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 85 Martin</author><author>Stephanie Padilla</author><author>David Reif</author><author>Ann
 86 Richard</author><author>Daniel Rotroff</author><author>Nisha
 87 Sipes</author><author>David Dix</author></authors></contributors><titles><title>Update on

88 EPA's ToxCast Program: Providing High Throughput Decision Support Tools for Chemical Risk
 89 Management</title><secondary-title>Chem Res Toxicol</secondary-
 90 title></titles><periodical><full-title>Chem Res Toxicol</full-title></periodical><pages>1287-
 91 1302</pages><volume>25</volume><number>7</number><dates><year>2012</year></dates
 92 ><urls></urls></record></Cite></EndNote>] have helped us better understand the biological
 93 interactions of large numbers of chemicals using high-throughput assay systems, and we are
 94 witnessing early adoption of new technologies and approaches for screening chemicals for
 95 integrated testing [ADDIN EN.CITE
 96 <EndNote><Cite><Author>Browne</Author><Year>2015</Year><RecNum>18</RecNum><Disp
 97 layText>(Browne, Judson, Casey, Kleinstreuer, & Thomas,
 98 2015)</DisplayText><record><rec-number>18</rec-number><foreign-keys><key app="EN" db-
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 102 Judson</author><author>Warren M. Casey</author><author>Nicole C.
 103 Kleinstreuer</author><author>Russell S.
 104 Thomas</author></authors></contributors><titles><title>Screening Chemicals for Estrogen
 105 Receptor Bioactivity Using a Computational Model</title><secondary-title>Environmental
 106 Science & Technology</secondary-title></titles><periodical><full-title>Environmental
 107 Science & Technology</full-title></periodical><pages>8804-
 108 8814</pages><volume>49</volume><number>14</number><dates><year>2015</year></date
 109 s><urls></urls></record></Cite></EndNote>].

110 Several other factors are also changing the way environmental health professionals think about
 111 chemical risks and how to most effectively protect public health. It is estimated that intrinsic
 112 factors (e.g., those that result in mutations due to random errors in DNA replication) account for
 113 only 10-30% of many common cancers [ADDIN EN.CITE
 114 <EndNote><Cite><Author>Wu</Author><Year>2016</Year><RecNum>20</RecNum><DisplayT
 115 ext>(Wu, Powers, Zhu, & Hannun, 2016)</DisplayText><record><rec-number>20</rec-
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117 timestamp="1470317090">20</key></foreign-keys><ref-type name="Journal Article">17</ref-
 118 type><contributors><authors><author>Song Wu</author><author>Scott
 119 Powers</author><author>Wei Zhu</author><author>Yusuf A.
 120 Hannun	</author></authors></contributors><titles><title>Substantial contribution of
 121 extrinsic risk factors to cancer development</title><secondary-title>Nature</secondary-
 122 title></titles><periodical><full-title>Nature</full-title></periodical><pages>43-
 123 47</pages><volume>529</volume><dates><year>2016</year></dates><urls></urls></record>
 124 </Cite></EndNote>]. Similarly, only 30-40% of birth defects can be attributed to known causes
 125 such as genetics, fetal alcohol syndrome, maternal smoking, and folate insufficiency [ADDIN
 126 EN.CITE
 127 <EndNote><Cite><Author>Weinhold</Author><Year>2009</Year><RecNum>3</RecNum><Dis
 128 playText>(Weinhold, 2009)</DisplayText><record><rec-number>3</rec-number><foreign-
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 131 type><contributors><authors><author>B.
 132 Weinhold</author></authors></contributors><titles><title>Environmental Factors in Birth
 133 Defects: What We Need to Know</title><secondary-title>Environmental Health
 134 Perspectives</secondary-title></titles><periodical><full-title>Environmental Health
 135 Perspectives</full-title></periodical><pages>A440-
 136 A447</pages><volume>117</volume><number>10</number><dates><year>2009</year></da
 137 tes><urls></urls></record></Cite></EndNote>]. Other studies have concluded that non-genetic
 138 environmental factors and gene by environment interactions are the primary causes of chronic
 139 diseases [ADDIN EN.CITE
 140 <EndNote><Cite><Author>Rappaport</Author><Year>2011</Year><RecNum>21</RecNum><D
 141 isplayText>(Rappaport, 2011; Rappaport, Barupal, Wishart, Vineis, & Scalbert,
 142 2014)</DisplayText><record><rec-number>21</rec-number><foreign-keys><key app="EN" db-
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146 Rappaport</author></authors></contributors><titles><title>Implications of the exposome for
 147 exposure science</title><secondary-title>Journal of Exposure Science and Environmental
 148 Epidemiology</secondary-title></titles><periodical><full-title>Journal of Exposure Science and
 149 Environmental Epidemiology</full-title></periodical><pages>5-
 150 9</pages><volume>21</volume><dates><year>2011</year></dates><urls></urls></record></
 151 Cite><Cite><Author>Rappaport</Author><Year>2014</Year><RecNum>22</RecNum><record>
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 154 keys><ref-type name="Journal Article">17</ref-
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 156 Barupal</author><author>David Wishart</author><author>Paolo
 157 Vineis</author><author>Augustin
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 159 Discovering Causes of Disease</title><secondary-title>Environmental Health
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 161 Perspectives</full-title></periodical><pages>769-
 162 774</pages><volume>122</volume><dates><year>2014</year></dates><urls></urls></record
 163 ></Cite></EndNote>]. The ability to evaluate and quantify the role of environmental factors on
 164 public health is a clear opportunity, but it is limited by the lack of readily available models for
 165 prominent clinical outcomes.

166 **Current challenges in predicting risk from exposure to environmental chemicals**

167 Understanding public health risk from environmental chemical exposures is complicated by many
 168 factors, such as population variability and susceptibility, which are poorly understood and
 169 difficult to characterize and incorporate into risk assessments. For example, a person's unique
 170 microbiome may modulate his/her response to environmental exposures [ADDIN EN.CITE
 171 <EndNote><Cite><Author>Dietert</Author><Year>2015</Year><RecNum>25</RecNum><Displ
 172 ayText>(Dietert & Silbergeld, 2015; Patterson & Turnbaugh,
 173 2014)</DisplayText><record><rec-number>25</rec-number><foreign-keys><key app="EN" db-
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175 keys><ref-type name="Journal Article">17</ref-type><contributors><authors><author>Rodney
 176 Reynolds Dietert</author><author>Ellen Kovner
 177 Silbergeld</author></authors></contributors><titles><title>Biomarkers for the 21st Century:
 178 Listening to the Microbiome</title><secondary-title>Toxicological Sciences</secondary-
 179 title></titles><periodical><full-title>Toxicological Sciences</full-title></periodical><pages>208-
 180 216</pages><volume>144</volume><number>2</number><dates><year>2015</year></dates
 181 ><urls></urls></record></Cite><Cite><Author>Patterson</Author><Year>2014</Year><RecNu
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 184 keys><ref-type name="Journal Article">17</ref-type><contributors><authors><author>Andrew
 185 D. Patterson</author><author>Peter J.
 186 Turnbaugh</author></authors></contributors><titles><title>Microbial Determinants of
 187 Biochemical Individuality and Their Impact on Toxicology and Pharmacology</title><secondary-
 188 title>Cell Metabolism</secondary-title></titles><periodical><full-title>Cell Metabolism</full-
 189 title></periodical><pages>761-
 190 768</pages><volume>20</volume><number>5</number><dates><year>2014</year></dates>
 191 <urls></urls></record></Cite></EndNote>]. Although studies are limited in this emerging area,
 192 knowledge about the microbiome may inform interindividual variability and unexplained
 193 susceptibility observed in populations. Scientists have begun to appreciate the role of the
 194 microbiome in the lack of reproducibility and interpretability of animal studies [ADDIN EN.CITE
 195 <EndNote><Cite><Author>Servick</Author><Year>2016</Year><RecNum>43</RecNum><Displ
 196 ayText>(Servick, 2016)</DisplayText><record><rec-number>43</rec-number><foreign-
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 199 type><contributors><authors><author>Kelly
 200 Servick</author></authors></contributors><titles><title>Of mice and
 201 microbes</title><secondary-title>Science</secondary-title></titles><periodical><full-
 202 title>Science</full-title></periodical><pages>741-
 203 743</pages><volume>353</volume><number>6301</number><dates><year>2016</year></d

ates><urls></urls></record></Cite></EndNote>]. Other examples of important factors to incorporate in risk assessments can be found in Table 1.

Opportunities for leveraging multiple data types for public health protection

Concurrent with these challenges, science and technology are advancing rapidly and in ways that create opportunities for risk assessment. Public health disciplines help us understand how baseline health status can influence the impact of population level chemical exposures. We also need to consider how environmental pollutants may contribute to overall disease burden for endpoints not traditionally considered in chemical risk assessment (e.g., metabolic disorders). New methods in epidemiological research help us evaluate complex interactions among multifactorial causes of disease ranging from macro (societal, neighborhood) to micro (molecular) factors, relevance of exposures during sensitive lifestages, and a better understanding of interrelatedness of disease across lifespan [ADDIN EN.CITE <EndNote><Cite><Author>Louis</Author><Year>2015</Year><RecNum>27</RecNum><DisplayText>(Louis et al., 2015)</DisplayText><record><rec-number>27</rec-number><foreign-keys><key app="EN" db-id="xdrxape2fvv5fkefa9avdd58pttw9a9se9zs" timestamp="1470317909">27</key></foreign-keys><ref-type name="Journal Article">17</ref-type><contributors><authors><author>Germaine M. Buck Louis</author><author>Michael S. Bloom</author><author>Nicolle M. Gatto</author><author>Carol R. Hogue</author><author>Daniel J. Westreich</author><author>Cuilin Zhang</author></authors></contributors><titles><title>Epidemiology's Continuing Contribution to Public Health: The Power of "Then and Now"</title><secondary-title>American Journal of Epidemiology</secondary-title></titles><periodical><full-title>American Journal of Epidemiology</full-title></periodical><pages>e1-e8</pages><volume>181</volume><number>8</number><dates><year>2015</year></dates><urls></urls></record></Cite></EndNote>]. Advances in high-throughput technologies and computational modeling (e.g., ToxCast, Tox21, and ExpoCast efforts) are providing data on hazard and exposure potential for a large number of data-poor chemicals. One approach with potential to advance our understanding of how chemical exposures can impact health is the use of adverse

outcome pathways (AOPs), which integrate various types of biological information to link molecular initiating events to downstream key events and ultimately unwanted health outcomes [ADDIN EN.CITE ADDIN EN.CITE.DATA]. To fully realize the potential of AOP-based approaches and to integrate biological findings across disciplines, we must strengthen our ability to detect precursor events in human populations and identify biologically-relevant exposure metrics, ideally measurable in individuals.

Effectively predicting population risk by integrating a variety of data streams (e.g., epidemiology, toxicology, high-throughput testing) and considering multiple sources and pathways of exposure can better inform environmental public health decisions. Advances in technology and computational capabilities have fostered new opportunities for generating and analyzing molecular, animal, and human data on effects and exposures, which can be integrated into chemical risk assessments. At the same time, probabilistic and high-throughput approaches for risk assessment have been advancing. Table 2 highlights various data types available and challenges applying these data types to inform risk assessment.

A public health perspective for chemical risk assessment

A public health perspective for chemical risk assessment would approach risk assessment from a new lens. It would address population health with a focus on health and societal burden of disease; use and integrate all available types of data – including traditional toxicology, human epidemiological findings, as well as newer and emerging data streams and information, such as digital epidemiology [ADDIN EN.CITE <EndNote><Cite><Author>Bakker</Author><Year>2016</Year><RecNum>47</RecNum><DisplayText>(Bakker, Martinez-Bakker, Helm, & Stevenson, 2016; Salathé et al., 2012)</DisplayText><record><rec-number>47</rec-number><foreign-keys><key app="EN" db-id="xdrxape2fvv5fkefa9avdd58pttw9a9se9zs" timestamp="1472144804">47</key></foreign-keys><ref-type name="Journal Article">17</ref-type><contributors><authors><author>Kevin M. Bakker</author><author>Micaela Elvira Martinez-Bakker</author><author>Barbara Helm</author><author>Tyler J. Stevenson</author></authors></contributors><titles><title>Digital epidemiology reveals global

childhood disease seasonality and the effects of immunization</title><secondary-
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 Brownstein</author><author>Caroline Buckee</author><author>Ellsworth M.
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 Khandelwal</author><author>Patricia L. Mabry</author><author>Alessandro Vespignani
 </author></authors></contributors><titles><title>Digital Epidemiology</title><secondary-
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 title></periodical><pages>e1002616</pages><volume>8</volume><number>7</number><dat
 es><year>2012</year></dates><urls></urls></record></Cite></EndNote>], high-throughput
 data, and adverse outcome pathways; and draw on public health approaches, such as
 attributable risk or relative risk. This new perspective may be especially important for some
 historically challenging aspects of risk assessment, such as understanding cumulative risks of
 exposures to multiple chemical and non-chemical stressors. Internationally, scientists have raised
 concerns about the large number of ubiquitous chemicals people are exposed to and called for
 rethinking approaches to evaluating the health impacts of chemicals (Goodson et al. [ADDIN
 EN.CITE ADDIN EN.CITE.DATA] Bennett et al. 2016). Figure 1 presents a conceptual model for
 a public health perspective for risk assessment.

While approaching assessments from the perspective of health outcomes may be challenging, it
 provides the opportunity to evaluate exposures and effects across the lifespan that are relevant
 to population health. Advances in science and technology – such as AOP development (OECD

website), the broader availability of chemical and biological data, and the applications of statistical and bioinformatics tools bring this previously aspirational approach well within reach [ADDIN EN.CITE <EndNote><Cite><Author>Rom</Author><Year>2013</Year><RecNum>49</RecNum><DisplayText>(Rom, Boushey, & Caplan, 2013)</DisplayText><record><rec-number>49</rec-number><foreign-keys><key app="EN" db-id="xdrxape2fvv5fkefa9avdd58pttw9a9se9zs" timestamp="1472145433">49</key></foreign-keys><ref-type name="Journal Article">17</ref-type><contributors><authors><author>William N. Rom</author><author>Homer Boushey</author><author>Arthur Caplan</author></authors></contributors><titles><title>Experimental Human Exposure to Air Pollutants Is Essential to Understand Adverse Health Effects</title><secondary-title>Am J Respir Cell Mol Biol</secondary-title></titles><periodical><full-title>Am J Respir Cell Mol Biol</full-title></periodical><pages>691-696</pages><volume>49</volume><number>5</number><dates><year>2013</year></dates><urls></urls></record></Cite></EndNote>].

306 **Illustrative Example: Cardiovascular Disease**

307 The following example illustrates how a public health approach may inform the challenge of
 308 cardiovascular disease. Cardiovascular disease is the number one cause of mortality worldwide
 309 and is a major U.S. public health burden [ADDIN EN.CITE ADDIN EN.CITE.DATA]. Annual costs
 310 of cardiovascular disease in the U.S. were estimated to be \$317 million in 2011-2012, considering
 311 direct medical costs and lost productivity due to premature mortality (Mozaffarian et al., 2016).
 312 This estimate is likely to substantially underestimate the social cost of cardiovascular disease,
 313 due to limitations in estimation of indirect costs associated with morbidity and premature
 314 mortality (U.S. EPA 2010). While much is known about the biochemical and behavioral risk factors
 315 associated with cardiovascular disease, particularly in comparison with other diseases and health
 316 conditions, the traditional risk factors fail to account for 10 to 25 percent of its prevalence [ADDIN EN.CITE
 317 <EndNote><Cite><Author>Kannel</Author><Year>2009</Year><RecNum>13</RecNum><Displ

319 ayText>(Kannel & Vasani, 2009)</DisplayText><record><rec-number>13</rec-
 320 number><foreign-keys><key app="EN" db-id="xdrxape2fvv5fkefa9avdd58pttw9a9se9zs"
 321 timestamp="1468526291">13</key></foreign-keys><ref-type name="Journal Article">17</ref-
 322 type><contributors><authors><author>William B. Kannel</author><author>Ramachandran S.
 323 Vasani</author></authors></contributors><titles><title>Adverse Consequences of the 50%
 324 Misconception</title><secondary-title>Am J Cardiol</secondary-
 325 title></titles><periodical><full-title>Am J Cardiol</full-title></periodical><pages>426-
 326 427</pages><volume>103</volume><number>3</number><dates><year>2009</year></dates
 327 ><urls></urls></record></Cite></EndNote>]. Environmental factors including air pollution [
 328 ADDIN EN.CITE
 329 <EndNote><Cite><Author>Kaufman</Author><Year>2016</Year><RecNum>12</RecNum><Dis
 330 playText>(Kaufman et al., 2016)</DisplayText><record><rec-number>12</rec-
 331 number><foreign-keys><key app="EN" db-id="xdrxape2fvv5fkefa9avdd58pttw9a9se9zs"
 332 timestamp="1468526230">12</key></foreign-keys><ref-type name="Journal Article">17</ref-
 333 type><contributors><authors><author>Joel D Kaufman</author><author>Sara D
 334 Adar</author><author>R Graham Barr</author><author>Matthew
 335 Budoff</author><author>Gregory L Burke</author><author>Cynthia L
 336 Curl</author><author>Martha L Daviglius</author><author>Ana V Diez
 337 Roux</author><author>Amanda J Gasset</author><author>David R Jacobs
 338 Jr</author><author>Richard Kronmal</author><author>Timothy V
 339 Larson</author><author>Ana Navas-Acien</author><author>Casey
 340 Olives</author><author>Paul D Sampson</author><author>Lianne
 341 Sheppard</author><author>David S Siscovick</author><author>James H
 342 Stein</author><author>Adam A Szpiro</author><author>Karol E
 343 Watson</author></authors></contributors><titles><title>Association between air pollution and
 344 coronary artery calcification within six metropolitan areas in the USA (the Multi-Ethnic Study of
 345 Atherosclerosis and Air Pollution): a longitudinal cohort study</title><secondary-title>The
 346 Lancet</secondary-title></titles><periodical><full-title>The Lancet</full-
 347 title></periodical><dates><year>2016</year></dates><urls></urls></record></Cite></EndNot

e>] and chemical exposures [ADDIN EN.CITE

<EndNote><Cite><Author>Kirkley</Author><Year>2014</Year><RecNum>53</RecNum><DisplayText>(Kirkley & Sargis, 2014)</DisplayText><record><rec-number>53</rec-number><foreign-keys><key app="EN" db-id="xdrxape2fvv5fkefa9avdd58pttw9a9se9zs" timestamp="1472146476">53</key></foreign-keys><ref-type name="Journal Article">17</ref-type><contributors><authors><author>Andrew G. Kirkley</author><author>Robert M. Sargis</author></authors></contributors><titles><title>Environmental Endocrine Disruption of Energy Metabolism and Cardiovascular Risk</title><secondary-title>Curr Diab Rep</secondary-title></titles><periodical><full-title>Curr Diab Rep</full-title></periodical><pages>494</pages><volume>14</volume><number>6</number><dates><year>2014</year></dates><urls></urls></record></Cite></EndNote>] are thought to contribute to the unexplained fraction. While mortality due to cardiovascular disease has decreased over the last few decades in the developed world due to reductions in behavioral risk factors, the rising prevalence of obesity and diabetes might account for the deceleration in the rate of improvement in annual cardiovascular mortality in the U.S. over the last few years [ADDIN EN.CITE

<EndNote><Cite><Author>Sidney</Author><Year>2016</Year><RecNum>54</RecNum><DisplayText>(Sidney, Quesenberry et al. 2016)</DisplayText><record><rec-number>54</rec-number><foreign-keys><key app="EN" db-id="xdrxape2fvv5fkefa9avdd58pttw9a9se9zs" timestamp="1472146661">54</key></foreign-keys><ref-type name="Journal Article">17</ref-type><contributors><authors><author>Sidney, S</author><author>Quesenberry,, Jr., CP</author><author>Jaffe, MG</author><author>Sorel, M</author><author>Nguyen-Huynh, MN</author><author>Kushi, LH</author><author>Go, AS</author><author>Rana, JS</author></authors></contributors><titles><title>Recent Trends in Cardiovascular Mortality in the United States and Public Health Goals</title><secondary-title>JAMA Cardiol</secondary-title></titles><periodical><full-title>JAMA Cardiol</full-title></periodical><pages>594-599</pages><volume>1</volume><number>5</number><dates><year>2016</year></dates><urls></urls></record></Cite></EndNote>].

376 There is an urgent need to better understand the biological pathways through which
 377 environmental exposures to chemical and non-chemical stressors act to stimulate and accelerate
 378 atherosclerosis and promote adverse cardiovascular health effects. Applying the adverse
 379 outcome pathway framework [ADDIN EN.CITE
 380 <EndNote><Cite><Author>Cosselman</Author><Year>2015</Year><RecNum>35</RecNum><D
 381 isplayText>(Cosselman, Navas-Acien, & Kaufman, 2015)</DisplayText><record><rec-
 382 number>35</rec-number><foreign-keys><key app="EN" db-
 383 id="xdrxape2fvv5fkefa9avdd58pttw9a9se9zs" timestamp="1470320174">35</key></foreign-
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 385 E. Cosselman</author><author>Ana Navas-Acien</author><author>Joel D.
 386 Kaufman</author></authors></contributors><titles><title>Environmental factors in
 387 cardiovascular disease</title><secondary-title>Nature Reviews Cardiology</secondary-
 388 title></titles><periodical><full-title>Nature Reviews Cardiology</full-
 389 title></periodical><pages>627-
 390 642</pages><volume>12</volume><dates><year>2015</year></dates><urls></urls></record>
 391 </Cite></EndNote>], the initial molecular response to a chemical exposure will often be receptor
 392 activation and changes in metabolism, and ultimately changes in tissue and organ function. Such
 393 changes can be modified by both intrinsic (e.g., sex, age, genetic and epigenetic background) and
 394 extrinsic factors (e.g., co-exposures to other chemical and non-chemical stressors). Over time,
 395 these changes produce subclinical effects such as changes in electrical and mechanical cardiac
 396 function, vascular function, and non-obstructive atherosclerotic vascular changes. With
 397 persistence of metabolic changes that stimulate the progression of vascular disease, clinical
 398 cardiovascular events such as heart attacks, strokes, heart failure, and abnormal heart rhythms
 399 follow.

400 To date, the most comprehensive application of this approach has been in the study of population
 401 level health effects of air pollution exposure [ADDIN EN.CITE
 402 <EndNote><Cite><Author>Cosselman</Author><Year>2015</Year><RecNum>35</RecNum><D
 403 isplayText>(Cosselman et al., 2015)</DisplayText><record><rec-number>35</rec-
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 title></periodical><pages>627-
 642</pages><volume>12</volume><dates><year>2015</year></dates><urls></urls></record>
 </Cite></EndNote>]. Epidemiological data at the population level has provided unequivocal
 proof that air pollutant exposure (e.g., ambient particular matter and NO₂) accelerates the
 development and progression of coronary atherosclerosis [ADDIN EN.CITE
 <EndNote><Cite><Author>Kaufman</Author><Year>2016</Year><RecNum>12</RecNum><Dis
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title></periodical><dates><year>2016</year></dates><urls></urls></record></Cite></EndNote>]. Xenobiotic metals such as arsenic, cadmium, lead, and mercury are also associated with
 atherosclerosis [ADDIN EN.CITE
 <EndNote><Cite><Author>Solenkova</Author><Year>2014</Year><RecNum>6</RecNum><DisplayText>(Solenkova et al., 2014)</DisplayText><record><rec-number>6</rec-number><foreign-keys><key app="EN" db-id="xdrxape2fvv5fkefa9avdd58pttw9a9se9zs" timestamp="1468525712">6</key></foreign-keys><ref-type name="Journal Article">17</ref-type><contributors><authors><author>Natalia V. Solenkova</author><author>Jonathan D. Newman</author><author>Jeffrey S. Berger</author><author>George Thurston</author><author>Judith S. Hochman</author><author>Gervasio A. Lamas</author></authors></contributors><titles><title>Metal Pollutants and Cardiovascular Disease: Mechanisms and Consequences of Exposure</title><secondary-title>Am Heart J</secondary-title></titles><periodical><full-title>Am Heart J</full-title></periodical><pages>812-822</pages><volume>168</volume><number>6</number><dates><year>2014</year></dates><urls></urls></record></Cite></EndNote>]. Gene-environment interaction alters risk of
 vascular disease [ADDIN EN.CITE
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vascular disease, which is modified by the gene encoding bone morphogenic protein 8 [ADDIN
 EN.CITE <EndNote><Cite><Author>Ward-
 Caviness</Author><Year>2016</Year><RecNum>4</RecNum><DisplayText>(Ward-Caviness et
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 title></periodical><volume>11</volume><number>4</number><dates><year>2016</year></d
 ates><urls></urls></record></Cite></EndNote>]. Given the complexity of the drivers of
 atherosclerosis, a medical model treating blood pressure and high cholesterol and advising
 dietary modification and exercise will be inadequate to fully address this disease. Likewise
 identifying the chemicals that increase risk on an individual basis will be inadequate to prevent
 vascular disease. Instead an integrated systems approach is needed to fully account for all known
 risk factors and formulate the problem to define the most effective strategy to decrease
 individual risk and societal burden. Accomplishing this will require clinical data that fully reflects
 a population under consideration as well as exposures to traditional risk factors, biomonitoring
 data documenting exposures to multiple chemicals, and molecular responses from *in vitro* and *in*
vivo studies indicative of the activation of biochemical pathways that accelerate atherosclerosis.

491 While this approach might appear inconceivable, it is not unrealistic. Our proposed innovative
 492 approach to chemical risk assessment is occurring contemporaneously during the formative
 493 stages of the NIH-sponsored Precision Medicine Initiative that will drive integration of genomics,
 494 data sciences and bioinformatics as the basis for improved individual health care, disease
 495 prevention and public health. The Affordable Care Act has accelerated electronic medical record
 496 adoption within healthcare practices and hospital systems potentially offering a valuable source
 497 of information for population level health monitoring. Recent research has used Big Data to study
 498 the early stages of disease and better classify and predict disease progression and could be used
 499 to inform personalized medicine to optimize wellness in healthy populations [ADDIN EN.CITE
 500 ADDIN EN.CITE.DATA]. Moreover, the anticipated integration and development of technologies
 501 and analytical tools have the potential to improve public health and increase the spatial and
 502 temporal resolution of environmental health surveillance. The establishment of a long-term
 503 representative precision medicine cohort, if integrated with the proposed National
 504 Biomonitoring Network [ADDIN EN.CITE <EndNote><Cite
 505 ExcludeAuth="1"><Author>Association of Public Health Laboratories
 506 (APHL)</Author><Year>2015</Year><RecNum>57</RecNum><Prefix>APHL
 507 </Prefix><DisplayText>(APHL 2015)</DisplayText><record><rec-number>57</rec-
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 509 timestamp="1472147337">57</key></foreign-keys><ref-type name="Report">27</ref-
 510 type><contributors><authors><author>Association of Public Health Laboratories
 511 (APHL)</author></authors></contributors><titles><title>National Biomonitoring Plan.
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 513 urls><url>https://www.aphl.org/aboutAPHL/publications/Documents/EH_National_Biomonitor
 514 ing_Plan_112015.pdf</url></related-urls></urls></record></Cite></EndNote>], could have
 515 enormous benefit in understanding the relationship between chemical exposures and disease
 516 and in managing some of the most challenging clinical problems more effectively. Applying this
 517 framework would potentially expand our understanding of the origins of vascular disease and its
 518 progression, help define strategies for primary prevention to thwart the initiation of the process
 519 we ultimately call atherosclerosis. Thus, such a framework will provide new and ongoing insights

into the associations between environmental exposures that contribute the greatest burden to public health. This approach would facilitate accounting for sensitive populations and could inform suggested individual health or behavioral measures where there has been past exposures or where current exposure cannot be reduced enough to protect those most at risk.

Discussion

The proposed conceptual model is grounded in public health principles and focused on identifying the greatest opportunity to reduce environmental exposures to improve health outcomes. Along with traditional risk assessment, this perspective can better inform public health decision making. While there are clear benefits to operating within a public health-focused framework and moving away from individual chemicals and apical endpoints, there are also challenges.

Informing decision-making: Since the 1980s, EPA's decision-making has been based on traditional risk assessments that are conducted within the constraints of EPA's statutes and programs. While program-targeted risk assessments will remain an important component, the disease-based approach draws upon information in a holistic fashion that cuts across organizational and legal boundaries, integrating traditional inputs with newer data streams. These assessments will provide decision-makers with critical information to inform exposure reduction efforts to impact the selected health outcomes, and ultimately, improve public health. Because those exposure reduction efforts would take place within the existing statutory construct, an important implementation step would be to move from findings of disease-based risk assessments to assessments of specific risk management actions under the relevant statutory authorities.

Priorities for screening and testing: A health outcome-focused framework can inform priorities for screening and testing the toxicity of chemicals. Efforts to develop and synthesize approaches for screening large numbers of chemicals using high-throughput toxicity testing and exposure prediction should continue to provide data for data-poor chemicals. For example, in the recently announced Cancer Moonshot [ADDIN EN.CITE <EndNote><Cite><Author>Mitchell</Author><Year>2016</Year><RecNum>40</RecNum><Dis

548 playText>(Mitchell, 2016)</DisplayText><record><rec-number>40</rec-number><foreign-
 549 keys><key app="EN" db-id="xdrxape2fvv5fkefa9avdd58pttw9a9se9zs"
 550 timestamp="1470324343">40</key></foreign-keys><ref-type name="Journal Article">17</ref-
 551 type><contributors><authors><author>Edith
 552 Mitchell</author></authors></contributors><titles><title>Moonshot Toward a Cure for
 553 Cancer</title><secondary-title>Journal of the National Medical Association</secondary-
 554 title></titles><periodical><full-title>Journal of the National Medical Association</full-
 555 title></periodical><pages>104–
 556 105</pages><volume>108</volume><number>2</number><dates><year>2016</year></dates
 557 ><urls></urls></record></Cite></EndNote>], high-throughput approaches could screen a large
 558 set of chemicals for potential carcinogenicity and identify a suite of chemicals for additional
 559 animal toxicity testing. Examining noncancer endpoints may also be challenging, which is why
 560 developing AOPs and networks to contextualize and interpret non-apical hazard data in relation
 561 to population health is of increasing value. Epidemiology studies can be designed to inform and
 562 validate high-throughput testing approaches by identifying both chemical stressors and
 563 nonchemical stressors that modify responses to chemical exposures and also to test relationships
 564 between disease and early markers of exposure and biological response (e.g., epigenetic
 565 changes).

566 ***Better understanding the impact of cumulative exposures:*** While cumulative risk assessment
 567 has been of high interest for the past few decades, putting cumulative assessment approaches
 568 into practice has been challenging. This framework provides a new construct for considering
 569 cumulative risk. By focusing on a health endpoint of concern, one could consider the multiple
 570 exposures that may contribute to a health outcome. Past NRC recommendations have
 571 encouraged assessors to evaluate the combined effects of exposures to all chemicals that affect
 572 a common adverse outcome, for example, male reproductive development [ADDIN EN.CITE
 573 <EndNote><Cite><Author>National Research
 574 Council</Author><Year>2008</Year><RecNum>9</RecNum><DisplayText>(National Research
 575 Council, 2008)</DisplayText><record><rec-number>9</rec-number><foreign-keys><key
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 Council,</author></authors><tertiary-authors><author>The National Academies
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 Assessment: The Tasks Ahead</title></titles><dates><year>2008</year></dates><pub-
 location>Washington, D.C.</pub-location><urls></urls></record></Cite></EndNote>].
 Challenges include gaining adequate understanding of individual chemical impacts in order to
 group chemicals by health outcome. Increased research into the biological pathways by which
 chemicals affect health status can help inform approaches for estimating the joint effect of
 chemicals without testing all permutations or combinations.

One possible example of an alternative approach is Health Impact Assessment (HIA), which uses
 a systems approach to array data sources and analytic methods and considers input from
 stakeholders to determine potential effects of a proposed action or decision on the health of a
 population and the distribution of those effects within the population [ADDIN EN.CITE
 <EndNote><Cite><Author>National Research
 Council</Author><Year>2011</Year><RecNum>41</RecNum><DisplayText>(National Research
 Council, 2011)</DisplayText><record><rec-number>41</rec-number><foreign-keys><key
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 D.C.</pub-location><urls></urls></record></Cite></EndNote>]. Using HIA approaches for
 chemical risk assessments done through this framework can offer a method to organize various
 data streams that can influence our understanding of a health impact, inform potential multiple

605 contributors to adverse health outcomes, and provide recommendations to decision makers on
606 monitoring and managing these outcomes.

607
608 ***Consider public health concepts such as attributable or relative risk:*** This new approach takes a
609 systematic view of collective factors that contribute to a health outcome or disease state,
610 including those that are not regulated by one single federal entity. Any single health outcome
611 may be influenced by multiple factors beyond chemical exposures, such as nutrition, genetics, or
612 social stressors. Because those factors are not regulated, it is important for environmental
613 regulatory agencies to understand what fraction of the disease burden is influenced by the
614 regulated environmental exposure. Public health approaches, such as attributable risk, can help
615 inform this understanding. Challenges may include incorporating these approaches, which are
616 typically used in epidemiology, to animal and advanced toxicity testing data, ensuring adequate
617 training with the approaches, and communicating risk in a way that acknowledges the influence
618 of non-regulated factors.

619 **Conclusions**

620 Understanding the health effects of chemicals has real implications for public health. This
621 proposed approach for chemical risk assessment starts at the health endpoint and incorporates
622 multiple data streams, including data developed using newer technologies such as high-
623 throughput screening. In parallel with more traditional risk assessment approaches, this will lead
624 to a better understanding of mechanisms of single chemicals as well as cumulative exposures
625 that lead to specific disease endpoints. This new lens will need to be applied to the complete risk
626 assessment process, including problem formulation, data considerations, and data synthesis
627 through multi-pathway methods, including cumulative assessment and health impact
628 assessment, with an eye to prevention of adverse effects. This approach draws upon the best
629 available science to improve our understanding of the health impacts of environmental chemicals
630 and informs decision making to prevent, reduce, or mitigate exposure and ultimately improve
631 public health.

633 **References**

634 [ADDIN EN.REFLIST]

635

636 Figure Legends

637 **Figure 1. Conceptual Model for a Public Health Perspective for Chemical Risk Assessment**

638 This conceptual model illustrates how the starting point in a public-health focused risk
639 assessment would differ from that of traditional risk assessment. In traditional risk assessment,
640 the starting point is focused on specific chemicals or classes of chemicals of concern, with
641 multiple data streams informing what are the critical effects from that chemical. A public health
642 perspective would focus on the adverse health outcome of concern with multiple data streams
643 informing our understanding of hazard and exposure in the context of public health decisions
644 related to that outcome, and not necessarily focused on just one chemical or class of chemicals.

645

646 **Figure 2. Adverse Outcome Pathway for Cardiovascular Outcomes.** This figure illustrates the
647 biological pathway leading from exposure to adverse cardiovascular outcomes for a variety of
648 chemicals. On the left hand side of the figure these pathways are linked to the AOP whereas on
649 the right hand side of the figure we see the traditional risk factors for adverse cardiovascular
650 outcomes. Action of specific chemicals and metals adapted from Kirkley AG and Sargis RM Curr
651 Diab Rep 2014.

652